

**CITY OF GLOUCESTER – INSPECTIONAL SERVICES****3 POND ROAD, GLOUCESTER, MA 01930****978 281-9774 PHONE 978 282-3036 FAX**Massachusetts State Building Code, 780 CMR, 7th edition**Building Permit Application to Construct, Repair, Renovate or Demolish a
Building Other than One- or Two-Family Dwelling****This Section for Official Use Only**

Building Permit Number _____ Date Applied _____

Signature _____ Date _____ Building Code Edition _____
Building Commissioner/Inspector of Buildings**SECTION 1: SITE INFORMATION****1.1 Property Address****1.1a** Is this a change of use? Yes ☐ No ☐**1.2 Assessors Map & Lot Numbers**

Map _____ Lot _____

1.3 Zoning Information

Zoning District _____ Current Use _____ Proposed Use _____

1.4 Property Dimensions

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply (M.G.L. c.40 § 54)Public ☐ Private ☐**1.7 Flood Zone Information**Zone _____ Outside Flood Zone?
Check if yes ☐**1.8 Sewage Disposal System**Municipal ☐
On site disposal system ☐**SECTION 2: PROPERTY OWNERSHIP/AUTHORIZED AGENT****2.1 Owner of Record**

Name (Print) _____ Address for Service _____

Signature _____ Telephone _____

SECTION 3: CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE**3.1 Licensed Construction Supervisor**

Licensed Construction Supervisor _____

Address _____

Signature _____ Telephone _____

Not Applicable ☐

License Number _____

Expiration Date _____

3.2 Registered Home Improvement Contractor

Company Name _____

Address _____

Signature _____ Telephone _____

Not Applicable ☐

License Number _____

Expiration Date _____

SECTION 4: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C (6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit attached Yes ☐ No ☐ On file ☐

SECTION 5: PROFESSIONAL DESIGN & CONSTRUCTION SERVICES-FOR BUILDINGS & STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)**5.1 Registered Architect**Not Applicable ☐_____
Name (Registrant)_____
Address_____
Signature_____
Telephone_____
License Number_____
Expiration Date**5.2 Registered Professional Engineer(s)**_____
Name (Registrant)_____
Address_____
Signature_____
Telephone_____
Area of Responsibility_____
Registration Number_____
Expiration Date_____
Name_____
Address_____
Signature_____
Telephone_____
Area of Responsibility_____
Registration Number_____
Expiration Date_____
Name_____
Address_____
Signature_____
Telephone_____
Area of Responsibility_____
Registration Number_____
Expiration Date_____
Name_____
Address_____
Signature_____
Telephone_____
Area of Responsibility_____
Registration Number_____
Expiration Date

SECTION 6: DESCRIPTION OF PROPOSED WORK (check all applicable)									
New Construction <input type="checkbox"/>		Existing Building <input type="checkbox"/>		Repair(s) <input type="checkbox"/>		Alterations <input type="checkbox"/>		Addition <input type="checkbox"/>	
Accessory Bldg. <input type="checkbox"/>		Demolition <input type="checkbox"/>		Other <input type="checkbox"/>		Specify: _____			
Brief Description of Proposed Work:									
SECTION 7: USE GROUP & CONSTRUCTION TYPE									
USE GROUP (check as applicable)						CONSTRUCTION TYPE			
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>		1A	<input type="checkbox"/>		
		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>			1B	<input type="checkbox"/>		
B Business	<input type="checkbox"/>					2A	<input type="checkbox"/>		
E Educational	<input type="checkbox"/>					2B	<input type="checkbox"/>		
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>			2C	<input type="checkbox"/>		
H High Hazard	<input type="checkbox"/>					3A	<input type="checkbox"/>		
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>			3B	<input type="checkbox"/>		
M Mercantile	<input type="checkbox"/>					4	<input type="checkbox"/>		
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>		5A	<input type="checkbox"/>		
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>			5B	<input type="checkbox"/>		
U Utility	<input type="checkbox"/>	Specify: _____							
M Mixed Use	<input type="checkbox"/>	Specify: _____							
S Special Use	<input type="checkbox"/>	Specify: _____							
COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS, AND/OR CHANGE IN USE									
Existing Use Group _____					Proposed Use Group _____				
Existing Hazard Index 780 CMR 34) _____					Proposed Hazard Index 780 CMR 34) _____				
SECTION 8: BUILDING HEIGHT AND AREA									
BUILDING AREA		Existing (if applicable)				Proposed			
Number of floors or stories include basement levels									
Floor Area per floor (sf)									
Total Area (sf)									
Total Height (ft)									
SECTION 9 STRUCTURAL PEER REVIEW (780 CMR 110.11)									
Independent Structural Engineering Structural Peer Review Required Yes <input type="checkbox"/> No <input type="checkbox"/>									
SECTION 10A OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT									
I, _____, as Owner of subject property hereby authorize _____ to act on my behalf in all matters relative to work authorized by this building permit application.									
_____ Signature of Owner					_____ Date				

SECTION 10b. OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the statements and information of the foregoing application are true and accurate to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Print Name

Signature of Owner/Agent

Date

SECTION 11: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Labor & Materials)	For Office Use Only
Building	\$	Permit Fee \$50.00 plus \$10.00 per thousand on the 'Total Project Cost' Permit Fee..... \$ 50.00 Total Project Cost _____ x10 \$ _____ Total Fee: \$ _____ Check No. _____ Amount _____ Cash _____ <input type="checkbox"/> Paid in Full Balance due \$ _____
Electrical	\$	
Plumbing	\$	
Mechanical (HVAC)	\$	
Mechanical (Fire Suppression)	\$	
Total Project Cost	\$	

If box below is checked below then sign-off is required by that department.

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Assessor | Verify Owner Name
Verify Map & Lot | Date _____
Date _____ | N/A _____
N/A _____ | Approved _____
Approved _____ |
| <input type="checkbox"/> B.O.H. | Demolition
Septic
Well
Other | Date _____
Date _____
Date _____
Date _____ | N/A _____
N/A _____
N/A _____
N/A _____ | Approved _____
Approved _____
Approved _____
Approved _____ |
| <input type="checkbox"/> Engineering | Compensatory Sewer Fee
Sewer Connection
Drainage Design
Curb Cuts | Date _____
Date _____
Date _____
Date _____ | N/A _____
N/A _____
N/A _____
N/A _____ | Approved _____
Approved _____
Approved _____
Approved _____ |
| <input type="checkbox"/> Fire Dept. | Smoke Detectors
Sprinklers | Date _____
Date _____ | N/A _____
N/A _____ | Approved _____
Approved _____ |
| <input type="checkbox"/> Conservation Commission | | Date _____ | N/A _____ | Approved _____ |
| <input type="checkbox"/> DPW | Water | Date _____ | N/A _____ | Approved _____ |
| <input type="checkbox"/> Planning Department | Access | Date _____ | N/A _____ | Approved _____ |
| <input type="checkbox"/> Other (if needed) | | Date _____ | N/A _____ | Approved _____ |

Comments _____

Is there any Electrical Work? Yes ☐ No ☐

Is there any Plumbing Work? Yes ☐ No ☐

Is there any Mechanical Work? Yes ☐ No ☐

